## **FEE TRANSMITTAL**

## Electronic Version v09

Stylesheet Version v08.0

Title of Invention Mask Seal Interface

Application Number:

Date:

First Named Applicant:

Aldo A. Laghi

Attorney Docket Number:

1098.61

# **TOTAL FEE AUTHORIZED \$ 485**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

# BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	395	395
	•	Subtotal Fo	r Basic Filing Fees: \$ 395

### EXTRA CLAIM FEES

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 30	10	2202	9	90
Independent Claims : 3	0	2201	44	0
			Subtotal For Extra	Claims Fees: \$ 90

### AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Credit account number:

3008

Expiration Date (YYYYMMDD):

DD): 2008-05-31

Authorized name:

Anton J. Hopen

Billing address:

33760